## SC Budget and Control Board VEHICLE ACCIDENT REPORT

<u>CALL 9-1-1 for an EMERGENCY</u> for Police, Ambulance and/or Fire, as required. Call your supervisor and Safety (513-5352 or 513-5354).

Complete the following information and turn into Safety and State Fleet Management.

I.	Date: Time:			
II.	Location of Accident:			
	County:	City:	Route No.:	
III.	You and your State Vehicle			
	Agency Name			
	Agency Address:			
	Year and Make of Vehicle:		License Tag No. and State:	
	Name:		Driver's License No.:	
	Address:		Office Phone:	
	0	Other Vehicle		
	Year and Make:		License Tag No. and State:	
	Name:		Driver's License No.:	
	Address:			
	Insurance Company / Policy Numb	per:		
IV.	Did the police investigate this acci	dent?	Yes No	
	If yes, which police department? _			
	Was anyone charged with a violati	on? N	Other Driver You	
	If yes, what was the charge?			
	If anyone was injured, who was it	f anyone was injured, who was it and what was the nature of the injury?		

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V.	In your own words, give circumstances of the accident (attach extra page, as required):		
	Employee Signature:		
VI.	Supervisor Notification		
	Name:	Telephone No.	
	Team:		
	Estimated Cost of Repair:		
	Supervisor's Signature:		
	n the ORIGINALS of this completed form, R-10 Police report, and other information (to	Fax / Mail (within 24 Hours) to:	
	le photographs) to:	SC BCB GSD State Fleet Management	
SC BCB Safety ATTN: Bernie Lee 921 Main Street, Room 113		1430 Senate Street, 3 <sup>rd</sup> Floor Columbia SC 29201	
	nbia SC 29201 03-737-3065	ATTN: Vivian Roberson, Vehicle Safety Officer Fax: 737-1160 WP: 737-1982	
	mmediately to report vehicle accidents	American Southern Insurance	
	mployee injuries to:	South Carolina Fleet Vehicle Claims	
	Safety: Bockow (803) 737-2311 / cell 513-5354 e Lee (803) 737-2315 / cell 513-5352	WP: (800) 713-2205 Fax: (803) 256-0861	
	ne Injury Report (Web Page)		